

<b>REQUEST FOR ORAL HEARING</b> BEFORE <b>THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 0315-000510/US/COD
	In re Application of <span style="float: right;">Nagaraj Jayanth et al.</span>	
	Application Number 10/776,856	Filed February 11, 2004
	For <span style="float: right;">Compressor Diagnostic System</span>	
	Art Unit <span style="float: right;">3744</span>	Examiner <span style="float: right;">C. W. Jiang</span>
<p>Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.</p> <p>The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) <span style="float: right;">\$ <u>1,000.00</u></span></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <span style="float: right;">\$ _____</span></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>08-0750</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.</p> <p>I am the</p> <p><input type="checkbox"/> applicant/inventor. <span style="float: right;">_____/Ryan W. Massey/ Signature</span></p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <span style="float: right;">_____ Typed or printed name</span></p> <p><input checked="" type="checkbox"/> attorney or agent of record. <span style="float: right;">_____ Date</span></p> <p style="margin-left: 40px;">Registration number <u>38,543</u></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <span style="float: right;">_____ (248) 641-1258 Telephone number</span></p> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>		
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.		